

MONROE COUNTY
ASSIGNED COUNSEL PROGRAM
Family Court Panel Application
(please print or type)

Name _____ Date _____

Office Address _____

Phone _____ Fax _____ E-Mail _____ Address _____

Home Address _____

Social Security _____ Tax ID Number _____

I Wish to Be Paid in *(Individual)* *(Firm)* Name (Circle One)

Name of Firm (if applicable) _____

Firm Tax ID Number _____

1. Admitted to practice: State _____ Year _____
State _____ Year _____

2. In what Department were you admitted to practice in New York? _____ Department

3. How long have you been practicing as an attorney?
Years _____ Months _____

4. Are you currently registered with the Office of Court Administration?
YES NO (CIRCLE ONE)

5. Approximately what percentage of your practice is devoted to family law?
_____ %

6. For what length of time have you handled family court matters?
Years _____ Months _____

7. Have you previously acted as assigned counsel in family court proceedings?
YES NO (CIRCLE ONE)

8. Please check off the proceedings you have experience in and indicate the approximate number handled in the past 36 months:

<input type="checkbox"/> Abuse/Neglect	_____	<input type="checkbox"/> Removals	_____
<input type="checkbox"/> Adoption	_____	<input type="checkbox"/> Support	_____
<input type="checkbox"/> Custody/Visitation	_____	<input type="checkbox"/> Termination Proceedings	_____
<input type="checkbox"/> Family Offenses	_____	<input type="checkbox"/> Other (please specify)	_____
<input type="checkbox"/> Foster Care	_____		_____
<input type="checkbox"/> J.D./PINS	_____		_____
<input type="checkbox"/> Paternity	_____		_____

9. Indicate approximately how many full hearings you have conducted in Family Court within the past five (5) years:

10. Would you be willing to handle abuse, neglect, or termination matters as assigned counsel?

YES NO (CIRCLE ONE)

11. Are you presently a member of the Law Guardian Panel for the Appellate Division, Fourth Department?

YES NO (CIRCLE ONE)

Have you ever been such a member? If so, when?

12. List any other relevant trial or Family Court experience:

13. Note any specialized training or expertise in family law:

14. Indicate any continuing education instructional programs/seminars pertaining to family law that you have attended in the past FIVE (5) years:

<u>Topic</u>	<u>Approximate Date</u>	<u>Sponsor</u>
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15. Have you ever been employed as an attorney with a public agency that specialized in family law issues?

YES NO (CIRCLE ONE)

If so, name of office:

Location: _____

Approximate Dates: _____

16. List any relevant JUDICIAL clerkship you have held:

Court

Judge

Dates

17. List any relevant appellate work you have done:

Do you wish to do Family Court Appeals?

YES NO (CIRCLE ONE)

18. Are you comfortable communicating with clients in another language (including sign)? If so, list: (i.e. Polish, Spanish, etc.)

Affirmation

I affirm under the penalties of perjury that the foregoing information is true and correct.

I agree to comply with the terms of the Monroe County Assigned Counsel Plan, all regulations promulgated by the Administrator, including payment regulations, all procedures regarding assignments, and all applicable statutory and case law in connection with my role as an assigned attorney. I also agree to fulfill any continuing legal education requirements as determined by the Monroe County Bar Association. Further, I agree to immediately notify both the assigning judge and the Administrator in the event I am unable to continue to effectively represent my client at any time.

Signature: _____

Date: _____